



REQUEST FOR PROPOSAL (RFP)

Email or fax ALL RFPs to:
PhxBids@azblue.com

OR

Fax: (602) 864-5800 (Phoenix)
(866) 772-2020 (Tucson)
(866) 550-3330 (Flagstaff)

Sales Phone Numbers

Phoenix (602) 864-4260 or
(800) 232-2345 ext 4260
Tucson (520) 745-1615 or
(800) 621-5563
Flagstaff (928) 526-0232 or
(800) 601-1946

PRODUCER / BROKER & AGENCY INFORMATION

Producer's Name: _____ Agency Name: _____
Phone Number: _____ Address: _____
Fax Number: _____ City, State, Zip: _____
Email Address: _____ Are You the Broker of Record: Yes No

COMPANY / EMPLOYER INFORMATION

Company Name: _____ Total Employees: _____
Headquarters Location: _____ Eligible Employees: _____
Address: _____ Participating Employees: _____
City, State, Zip: _____ Out of Area Employees: _____
Phone: _____ Fax: _____ Location(s): _____
Contact Name: _____ # COBRA Participants: _____
Nature of Business (NAICS Code): _____ Requested Effective Date: _____
Current Carrier: _____

Ancillary Products: Life Dental Vision Disability

If your group has **2-25 AHP eligible employees**, you should provide us with the Employee and Family Medical Questionnaire for each enrolling employee at the time of your Request for Proposal. Providing Blue Cross Blue Shield of Arizona (BCBSAZ) with these forms will enable us to provide you with a more accurate rate.

If your group has **26-99 AHP eligible employees**, please complete the following questions to the best of your knowledge when requesting a quote for new group coverage. This information is necessary to evaluate your group's application by BCBSAZ. In order to protect the individuals involved, do not disclose the name of any employee or dependent.

Are you aware of any employee, dependent, or COBRA employee who:

1. Is any currently disabled? Yes No
2. Incurred expenses of \$5,000 or more in the last 18 months? Yes No
3. Has been advised that necessary surgery or hospitalization is required (including pregnancy)? Yes No
4. Has had an organ transplant such as kidney, liver, heart, or lung? Yes No
5. Is currently being treated or diagnosed as having cancer, heart/lung disease, high blood pressure, diabetes, muscular skeletal condition? Yes No
6. Is currently taking medication? Yes No
7. Has been diagnosed or is being treated for any other known medical condition? Yes No
8. Has any other known medical conditions? Yes No

If yes to any of the questions above, please explain: